**DOCTOR/DENTIST EXCUSE**

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| A red cross in a circle  Description automatically generated | **DOCTOR NOTE** |
| This form is used to provide schools with information concerning a student’s doctor appointment as well as information about the length of time a student should be excused from attending school. |
| Date: [Date] | |
| Appeared in my office at [Time] (a.m. or p.m.) for an appointment. | |
| The appointment was over by [Time] (a.m. or p.m.). | |
| The student should be excused for [Date] (dates). | |
| This student may return to school on [Time]. | |
| Doctor’s Name: [Name] | |

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